

JUN 14 2010



U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)  
NATIONAL POLLUTANT DISCHARGE  
ELIMINATION SYSTEM (NPDES)  
EPA's NOI PROCESSING CENTER



5/18/2010

USED AUTO PARTS INC  
Attn: JAMES KING  
124 BRYANT STREET  
BERKLEY, MA 02779

Permit Tracking #: MAR05DB46



Dear Permittee,

This letter acknowledges that you have submitted one or more Discharge Monitoring Reports (DMR) as part of the permit requirements under EPA's 2008 Multi-Sector General Permit (MSGP). Thank you for submitting your DMR form. Unfortunately, EPA was unable to process your DMR form in the eNOI system because some information was missing. In order for EPA to process the DMR, all fields on this form must be completed. A DMR form cannot be processed in the eNOI system without the following information:

Missing Information:

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Reason for submission | <input checked="" type="checkbox"/> Discharge Information | <input type="checkbox"/> Monitoring Information   |
| <input type="checkbox"/> Permit Tracking Number           | <input type="checkbox"/> Outfall Information              | <input checked="" type="checkbox"/> Certification |
| <input type="checkbox"/> Facility Information             |   |   |

Comments:

- **INITIAL QUESTION** – Please provide a reason for submittal.
- **QUESTION C.2** – Please answer: Processing Center personnel cannot assume 'yes' and populate the data.
- **SECTION F** – Please complete all of the MDMR Certifying Official information.

You may resubmit a revised DMR form to the NOI Processing Center. However, if any information is still missing on the DMR form, we will continue to be unable to process your DMR form. You can use EPA's electronic Notice of Intent (eNOI) system to reduce the amount of time to resubmit your DMR. You can access the eNOI system by visiting <http://www.epa.gov/npdes/stormwater/enoi>.

We apologize for the inconvenience and delay in contacting the permittee to request more information to process your DMR. EPA recognizes this delay is due to a processing glitch where EPA was unable to generate a formal Information Request Letter (IRL) when processing the DMR form in the eNOI system. The permittee is not responsible for this processing glitch.

If you have questions about your DMR form or questions on how to use the eNOI system and submit your DMR electronically, please call the EPA NOI Processing Center at 1-866-352-7755 (toll free) or email [noi@avanticorporation.com](mailto:noi@avanticorporation.com). Thank you for your patience and cooperation. EPA requests that the permittee resubmits a new DMR form within 30 days upon receipt of this letter.

Sincerely,  
EPA NOI Processing Center

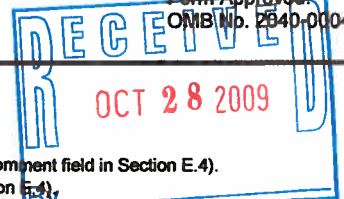
EPA NOI Processing Center  
Operated by Avanti Corporation  
1200 Pennsylvania Ave., NW  
Mail Code: 4203M  
Washington, DC 20460

NOV 02 2009



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved  
OMB No. 2040-0004



Reason(s) for Submission (Check all that apply):

- ☐ Submitting monitoring data (Fill in all Sections).  
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).  
☐ Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, F and include date of status change in comment field in Section E.4).  
☐ Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section E.4).  
☐ Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B and F).

A. Permit Tracking Number: **MAR05DB46**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **Used Auto Parts Inc.**

2. Facility Location:

a. Street: **124 Bryant Street**

b. City: **Berkeley**

c. State: **MA** d. Zip Code: **02779**

3. Additional Facility Information (Optional):

Contact Name: **James King**

Email: **usedautopartsinc@comcast.**

Phone: **508-823-8136** Ext.

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: **Richard Lavengood**

Organization: **RELCO Engineering**

Email: **relave@verizon.net**

Phone: **413-538-5277** Ext.

C. Discharge Information

1. Identify monitoring period:

☒ Quarter 1 (April 1 – June 30)

☐ Quarter 2 (July 1 – September 30)

☐ Quarter 3 (October 1 – December 31)

☐ Quarter 4 (January 1 – March 31)

☐ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1: From  /  To  /

☐ Quarter 2: From  /  To  /

☐ Quarter 3: From  /  To  /

☐ Quarter 4: From  /  To  /

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☒ Yes (Complete line item 2.a.) ☐ No (Skip to Section D)

2.a. What is the hardness level of the receiving water? **130** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **2** List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☒ YES ☐ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3.A. Monitored Outfall Name*	3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
Outfall # 1	Outfall # 2	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\*Reference attachment if additional space needed to complete the table.



Form Approved. OMB No. 2040-0004

### E. Monitoring Information

**Note: Make additional copies of this form as necessary.**

**1. Permit Tracking Number:**

MA R 0 5 D B 4 6

2. Nature of Discharge: ☒ Rainfall (Complete line items 2.a., 2.b., & 2.c.) ☐ Snowmelt

a., 2.b., & 2.c.) ☐ Snowmelt

❑ **Snowmelt**

**2.a. Duration of the rainfall event (hours):**

**2.b. Rainfall amount (inches):**

011

**2.c. Time since previous measurable storm event (days):**

[illegible]

(QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

**4. Comment and/or Explanation of Any Violations (Reference all attachments here)**

### F. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**James King**

Typed or Printed Name/Title of Principal Executive  
Officer or Authorized Agent

**Signature of Principal Executive Officer or Authorized Agent**

Date \_\_\_\_\_

Email of Principal Executive Officer or Authorized Agent:

USEDAUTO PARTS INC CO INC AST, WET

JUN 14 2010



U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA)  
NATIONAL POLLUTANT DISCHARGE  
ELIMINATION SYSTEM (NPDES)  
EPA's NOI PROCESSING CENTER



5/18/2010  
USED AUTO PARTS INC  
Attn: JAMES KING  
124 BRYANT STREET  
BERKLEY, MA 02779

Permit Tracking #: MAR05DB46



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|---|---|---|
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| <input type="checkbox"/> Permit Tracking Number           | <input type="checkbox"/> Outfall Information              | <input checked="" type="checkbox"/> Certification |
| <input type="checkbox"/> Facility Information             |   |   |

Comments:

- **INITIAL QUESTION** – Please provide a reason for submittal.
- **QUESTION C.2** – Please answer: Processing Center personnel cannot assume 'yes' and populate the data.
- **SECTION F** – Please complete all of the MDMR Certifying Official information.

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Sincerely,  
EPA NOI Processing Center

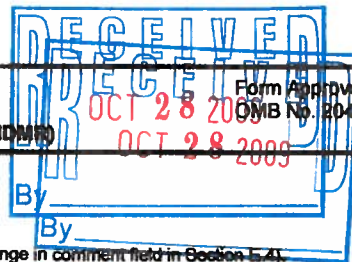
EPA NOI Processing Center  
Operated by Avanti Corporation  
1200 Pennsylvania Ave., NW  
Mail Code: 4203M  
Washington, DC 20460





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved  
OMB No. 2040-0004



Reason(s) for Submission (Check all that apply):

- ☐ Submitting monitoring data (Fill in all Sections).  
☐ Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C.1, D, and F).  
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A. Permit Tracking Number: **MA R05DB46**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **Used Auto Parts Inc.**

2. Facility Location:

a. Street: **124 Bryant Street**

b. City: **Berkeley**

c. State: **MA** d. Zip Code: **02779**

3. Additional Facility Information (Optional):

Contact Name: **James King** Email: **usedautopartsinc@comcast.**

Phone: **508-823-8136** Ext.

4. MDMR Preparer (Complete if MDMR was prepared by someone other than the person signing the certification in Section F)

Prepared by: **Richard Lavengood**

Organization: **RELCO Engineering**

Email: **relave@verizon.net**

Phone: **413-538-5277** Ext.

C. Discharge Information

1. Identify monitoring period:

☐ Check here if proposing alternative monitoring periods due to irregular stormwater runoff. Identify alternative monitoring schedule and indicate for which alternative monitoring period you are reporting monitoring data:

☐ Quarter 1 (April 1 – June 30)

☐ Quarter 1: From  /  To  /

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☐ Quarter 2: From  /  To  /

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☐ Quarter 3: From  /  To  /

☐ Quarter 4 (January 1 – March 31)

☐ Quarter 4: From  /  To  /

2. Are you required to monitor for cadmium, copper, chromium, lead, nickel, silver, or zinc? ☒ Yes (Complete line item 2.a.) ☐ No (Skip to Section D)

2.a. What is the hardness level of the receiving water? **130** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **2** List name of outfall(s) required to be monitored in table below.

2. Do any of your outfalls discharge substantially identical effluents? ☒ YES ☐ NO

2.a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3.A. Monitored Outfall Name*	3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
Outfall # 1	Outfall # 2	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\*Reference attachment if additional space needed to complete the table.



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NATIONAL POLLUTANT DISCHARGE  
ELIMINATION SYSTEM (NPDES)  
EPA's NOI PROCESSING CENTER



7/16/2010

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Comments:

- **QUESTION C.2 – Please answer yes or no. NOI Processing Center personnel cannot assume nor input any data to the MDMR.**
- **SECTION F – Please provide the title of the Certifying Official.**

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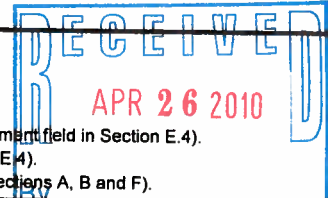
EPA NOI Processing Center  
Operated by Avanti Corporation  
1200 Pennsylvania Ave., NW  
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MAY 05 2010



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
MSGP INDUSTRIAL DISCHARGE MONITORING REPORT (MDMR)

Form Approved.  
OMB No. 2040-0004



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A. Permit Tracking Number: **MAR05DB46**

Note: Read instructions before completing this Form.

B. Facility Information

1. Facility Name: **Used Auto Parts Inc.**  
 2. Facility Location:  
 a. Street: **124 Bryant Street**  
 b. City: **Berkley** c. State: **MA** d. Zip Code: **02779**  
 3. Additional Facility Information (Optional):  
 Contact Name: **James King** Email: **usedautopartsinc@comcast.**  
 Phone: **508-823-8136** Ext.   
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 Prepared by: **Richard Lavenwood**  
 Organization: **RELCO Engineering**  
 Email: **relave@verizon.net**  
 Phone: **413-538-5277** Ext.

C. Discharge Information

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 2a. What is the hardness level of the receiving water? **130** mg/L

D. Outfall Information

1. How many outfall(s) are identified in your SWPPP? **5** List name of outfall(s) required to be monitored in table below.  
 2. Do any of your outfalls discharge substantially identical effluents? ☒ YES ☐ NO  
 2 a. If yes, for each monitored outfall, indicate outfall names that are substantially identical in table below.

3.A. Monitored Outfall Name*	3.B. Substantially Identical Outfalls [List name(s) of outfall(s) substantially identical to outfall in 3.A. (if applicable)]	3.C. No Discharge?
Outfall # 1	Outfall # 2, #3, #4 & #5 change to yard March 2010	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

\*Reference attachment if additional space needed to complete the table.





Form Approved. OMB No. 2040-0004

**Note: Make additional copies of this form as necessary.**

M	A	R	0	5	D	B	4	6
---	---	---	---	---	---	---	---	---

☐ Snowmelt

24 2.b. Rainfall amount (inches):

00

### 3.i. No further pollutant reductions achievable?

10

100

1000

10

101

100

100

100

10

6

\* (QBM) - Quarterly benchmark monitoring; (ELG) - Annual effluent limitations guidelines monitoring; (S/T) - State- or Tribal-specific monitoring; (I) - Impaired waters monitoring; (O) - Other monitoring as required by EPA

4. Comment and/or Explanation of Any Violations (Reference all attachments here)

PRESIDENT

Typed or Printed Name/Title of Principal Executive Officer or Authorized Agent

Email of Principal Executive Officer or Authorized Agent:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive Officer or Authorized Agent

Date \_\_\_\_\_